

Authorization to receive client account information

To authorize a person(s) to discuss your account(s) with TIAA Trust, N.A. (“TIAA Trust”) representatives, receive copies of your account statements and/or tax documents, or to allow such individual(s) to view and download information available to be viewed online regarding your account(s) at TIAA Trust, please complete, sign and return this form to us at: TIAA Trust, 211 N. Broadway, Suite 1000, St. Louis, MO 63102. You may also return your completed form by U.S. mail, email or fax to your Trust Administrator.

Section 1—Account owner personal information

| | |
|---------------------------------|------------|
| Account Owner First Name: | Last Name: |
| Joint Account Owner First Name: | Last Name: |

Section 2—Authorized party(ies)

Please provide the requested information on the individual(s) who will receive your account information.

(Note: To protect your privacy, you should instruct your Authorized Party(ies) to maintain your account information in strict confidence. Your named Authorized Parties also cannot delegate to someone else their right to receive your account information).

| | |
|--|-------------------|
| Authorized Party First and Last Names: | |
| Relationship of Authorized Party to Account Owner: | |
| Residence Address: | |
| | |
| | City: State: Zip: |
| Telephone or Cellular Number: | |
| Email Address: | |

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Please check the type(s) of information you want to permit your Authorized Party(ies) to receive regarding your accounts listed below.

Copies of Account Statements

By checking this box, your Authorized Party(ies) will receive a duplicate account statement for each of your accounts listed below. These will be printed statements, unless you grant online access to your Authorized Party(ies).

Monthly Quarterly Annually

Copies of Tax Documents

By checking this box, your Authorized Party(ies) will receive by mail a duplicate copy of tax documents for each of your accounts listed below.

Online Access (if the Online Access includes the authorized individual to view statements electronically, check 'Copies of Account Statements')

By checking this box, you are giving your Authorized Party(ies) the right to view and download your online information about each of your accounts listed below.

Discuss Account

By checking this box, you are giving your Authorized Party(ies) the right to discuss each of your accounts listed below; this right does not include the right to receive written documentation regarding such accounts.

Authorized accounts

Please list below your TIAA Trust accounts that are the subject of this Authorization.

| Account Number: | Account Name: |
|-----------------|---------------|
| | |
| | |
| | |
| | |

| | | | |
|--|-------|--------|------|
| Authorized Party First and Last Names: | | | |
| Relationship of Authorized Party to Account Owner: | | | |
| Residence Address: | | | |
| | City: | State: | Zip: |
| Telephone or Cellular Number: | | | |
| Email Address: | | | |

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Authorized accounts

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| Account Number: | Account Name: |
|-----------------|---------------|
| | |
| | |
| | |
| | |

Section 3—Duration

By signing this document, you are notifying TIAA Trust that this Authorization is and will remain effective in its current form, until you modify or revoke it in writing, forward it to us, and we have had a reasonable opportunity to act on your notification after we receive it. Please forward any modification or revocation of this Authorization to TIAA Trust at the address shown above. You may also return your modification or revocation by U.S. mail, email or fax to your Trust Administrator.

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Section 4—Indemnification

To induce TIAA Trust to act as described above, I and my heirs, legal representatives, successors and assigns agree to indemnify and hold TIAA Trust and its affiliates, and their respective officers, directors, shareholders, employees, and agents harmless from and against any and all losses, liabilities, claims, and costs (including expert witness fees and reasonable attorneys' fees) resulting from (i) TIAA Trust acting in accordance with the authority I have granted to my Authorized Party(ies) in this Authorization; (ii) any action or inaction of TIAA Trust related to any conflicting directions I may have provided to TIAA Trust related to my Authorized Party's(ies)' authority with respect to my accounts listed in this Authorization; and (iii) any use of my information related to such account(s) made by my Authorized Party(ies) or unauthorized persons, including any sharing or disclosure of my account information by my Authorized Party(ies) with or to unauthorized persons.

Signature of Account Owner

Date

Signature of Account Owner

Date

Internal Use Only:

Received by: _____

System Updated: _____

Filing Disposition: Personal Trust APPROVAL

Please complete, sign and return this form to us at: TIAA Trust, 211 N. Broadway, Suite 1000, St. Louis, MO 63102. You may also return your completed form by U.S. mail, email or fax to your Trust Administrator.

